

AGENCY COORDINATOR FORM

The individual named below is designated as the Agency Coordinator for the 2014 Performance Recognition Program:

Agency: _____

Name: _____

Title: _____

Telephone Number: _____

E-Mail Address: _____

Mailing Address: _____

If you will be serving as the coordinator for multiple agencies, please list other agencies:

Signature of Agency Head or Designee

Date

Return this form by November 8, 2014 to Nancy.W.Daiute@hrd.state.ma.us

If you have any questions regarding the Performance Recognition Program or your role as the Agency Coordinator, please contact Nancy Daiute at 617.878.9729.

**ALL COORDINATORS MUST COMPLETE THIS FORM,
EVEN IF YOU HAVE SERVED AS COORDINATOR IN THE PREVIOUS YEAR.**

THANK YOU!